

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

FC#4898				
Golden Age Skilled Nursing & Rehab Center		Date: September 11, 2012		
1915 South 18 th Street		Survey Dates: August 1-2, 6-8, 2012		
Centerville, Iowa 52544		Surveyor: Robert Reck RN		
		DS		
		Class	Fine Amount	Correction date
58.19(2)j	<p>481—58.19 (135C) Required nursing services for residents. The program plan for nursing facilities shall have the following required nursing services under the 24-hour direction of qualified nurses with ancillary coverage as set forth in these rules:</p> <p>58.19(2) Medication and treatment.</p> <p><i>j.</i> Provision of accurate assessment and timely intervention for all residents who have an onset of adverse symptoms which represent a change in mental, emotional, or physical condition. (I, II, III)</p> <p>DESCRIPTION:</p> <p>Based on record review and staff and family interviews, the facility failed to provide an accurate assessment and timely intervention when Resident #1 had problems with clearing throat the appeared distressed by a family member. The resident displayed adverse symptoms and staff did not assess the resident and provide timely suctioning as ordered by the physician. The sample consisted of 4 residents and the facility identified a census of 57 residents.</p> <p>Findings include:</p> <p>1. Resident #1 had an MDS (Minimum Data Set) assessment with a reference date of 5/18/12 which reflected the resident had impaired short and long term memory deficits and severely impaired cognitive skills for daily decision making. The MDS identified Resident #1's diagnosis included end stage renal disease, cerebral vascular accident, diabetes mellitus type II, dementia, atrial fibrillation, congestive heart failure and anxiety.</p> <p>A physician communication form dated 6/5/12 indicated the facility requested a physician order for the resident to</p>	I	\$8,000.00	Upon Receipt

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	<p>receive suctioning due to large amounts of mucous. The Treatment Administration Record (TAR) for June 2012 indicated the last recorded time the suctioning performed was on 6/8/12 by Staff C. The Nurse's Notes dated 6/8/12 at 10:40 a.m. and written by Staff C, identified Resident #1 with a loose wet cough and staff suctioned thick clear phlegm from the resident.</p> <p>In an interview on 8/1/12 at 12:14 p.m. FM 1 (Family Member #1) indicated she arrived to the facility at 7:30 a.m. on 6/22/12 and heard Resident #1 yelling out the family member's name. FM1 entered the resident's room and noticed food debris on the resident's lips. The resident appeared to be in distress as he/she was trying to clear his/her throat. FM 1 left the room and found Staff A (Licensed Practical Nurse- LPN) and informed the staff person that Resident #1 was in distress. Staff A came to the room, but noted she had eight other residents ahead of Resident #1. Staff A observed Resident #1 and told FM 1 he/she was pocketing food (keeping food in cheeks and not swallowing). Staff A attempted to wipe Resident #1's mouth. Staff A then left the room without attempting to suction Resident #1. FM 1 then left the room and found Staff F (Social Worker) and inquired as to needing oral swabs (Toothettes) to wipe the inside of the resident's mouth). Staff F gave FM 1 the keys to the storage area and FM 1 obtained several swabs, returned the keys to Staff F and returned to Resident #1's room. FM 1 stated she was not out of Resident #1's room for more than 1 to 2 minutes. FM 1 stated that once back in the room, she was afraid of trying to wipe out Resident #1's mouth in fear she may choke the resident. Minutes later FM 1's sister, family member #2 (FM 2) entered the room and witnessed Resident #1 in distress. FM 2 informed FM1 she would find a nurse and she left the room. Minutes later Staff B (Certified Nurse Aide, CNA) entered the room and FM 1 indicated Resident #1 needed suctioned and she was</p>			

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	<p>unable to get Staff A to help. Together Staff B and FM 1 got Resident #1 up into his/her geriatric chair. Staff B attempted to get Resident #1 to cough and expel anything in throat, but was unsuccessful. Staff B then propelled Resident #1 to the assisted dining room area as FM 1 remained in the bedroom. Within minutes Resident #1 was propelled back into the bedroom accompanied by Staff C (Registered nurse, RN) and Staff D (Certified Nurse Aide). Staff C walked to the suction machine and stated, "It's not even put together". Someone (unknown) obtains the container and supplies as Staff C then attempts to get the suction machine together. FM 1 was saying "hurry". FM 1 indicated Staff C had begun suctioning Resident #1 for about two minutes when instructed by Staff C to get Staff G (Assistant Director of Nursing). FM 1 left the room and told Staff G, who was sitting in her office, that Resident #1 needed her now. Staff G responded to Resident #1's room. Staff G placed a stethoscope on Resident #1's chest while Staff C continued to suction. Staff G looked up at FM 1 and FM 1 stated, "Is that it?" Staff G responded, "Yeah, that's it".</p> <p>The time Card for FM 1 identified FM 1 clocked in for work at 7:30 a.m. on 6/22/12.</p> <p>On 8/2/12 at 1:23 p.m. Staff A (Licensed Practical Nurse, LPN) was interviewed and stated on the morning of 6/22/12, she was approached by FM 1 and asked to come to Resident #1's room. Staff A and FM 1 walked to Resident #1's room. FM 1 told Staff A that Resident #1 had stuff in his/her mouth and apple sauce on his/her lips and may need suctioned. Staff A saw the dried apple sauce on Resident #1's face and asked Resident #1 to open his/her mouth. Staff A saw nothing in the Resident #1's mouth. Staff A looked for oral swabs in the room and saw none. The nurse again asked Resident #1 to open his/her mouth, but this time the</p>			

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	<p>resident refused. FM 1 told Staff A to go on, she would get Staff C. Resident #1 will open his/her mouth for Staff C. Staff A left the room and walked directly to the supply room and obtained some swabs and returned to Resident #1's room (less than 1 minute). Staff A then swabbed Resident #1's mouth out and noted nothing was observed on the swab. Staff A noted Resident #1's respirations were even and unlabored and he/she was not in any distress. Staff A informed Resident #1 that an aide would be in soon to get him/her up for breakfast and Resident #1 responded, "okay". Staff A indicated FM 1 was not in the room during this time. Staff A stated she returned to the floor and continued assisting others with getting residents up for breakfast. Staff A stated at around 8:15 a.m. she entered the assisted dining room to administer medications. Staff A heard a "rattling" sound and Staff C indicated it was Resident #1 and she was taking Resident #1 back to his/her room to try and suction. Staff A remained in the assisted dining room as Staff C took Resident #1 to his/her room. Staff A indicated FM 1 never made any statements about Resident #1 making sounds, being in pain or discomfort or of having any breathing problems.</p> <p>On 8/1/12 at 12:59 p.m. FM 2 (family member #2) was interviewed and stated on the morning of 6/22/12, she was in the lobby and could hear Resident #1 "gurgling". FM 1 sought out Staff C, who was assisting a resident into the dining room and told Staff C that Resident #1 needed suctioned now. FM 2 stated Staff C did not respond and continued to help residents. FM 2 stated she returned to the laundry room.</p> <p>On 8/1/12 at 11:20 a.m. Staff B (Certified Nurse Aide) was interviewed and stated on the morning of 6/22/12, she heard Resident #1 call out for FM 1 about three times and could tell Resident #1 needed help coughing up something. Staff B responded to Resident #1's room</p>			

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	<p>and FM 1 indicated she had tried getting Staff A (LPN), but Staff A didn't come. FM 1 wanted to get help from another nurse. Together Staff B and FM 1 got Resident #1 up into his/her geriatric chair. Staff B then preceded to try and get Resident #1 to cough up or clear his/her throat for about 1-2 minutes. Staff B was unsuccessful with getting Resident #1 to clear his/her throat so she took Resident #1 to the assisted dining room to be seen by Staff C (RN). Staff B indicated Resident #1 was "gurgling" as she arrived to the assisted dining room. Staff B informed Staff C that she was unable to get Resident #1 to cough up anything and was instructed by Staff C to try and give him/her a sip of tea. Staff B indicated Resident #1 took a sip but remained in distress. Within 1-2 minutes of being in the assisted dining room, Staff C and Staff D (CNA) took Resident #1 back to his/her room. Staff B stated from the very beginning that morning she felt Resident #1 was in need of being suctioned. In a statement written for the facility on 6/22/12, Staff B indicated she had sent FM 1 to get some swabs and FM 1 returned with 6 swabs. Staff B attempted to clean Resident #1's mouth and obtained a little amount.</p> <p>On 8/6/12 at 11:05 a.m. Staff C (Registered Nurse, RN) was interviewed and stated on 6/22/12 at around 7:00 a.m. she went into Resident #1's room to check for safety alarms. Resident #1 was in bed resting quietly without any signs or symptoms of discomfort. Staff C stated later that morning she was approached by FM 2 while working in Hall 1. FM 2 told her that Resident #1 was in need of suctioning and Staff A wouldn't help. Staff C stated she assumed Staff A, who was assigned to Resident #1, would get her if she needed help. Staff C stated at around 8:15 a.m. Resident #1 was brought into the assisted dining room by Staff B (CNA). Resident #1 was alert but gurgling. Staff B attempted to get him/her to cough up the phlegm without success. Staff</p>			

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	<p>C instructed Staff B to hold the food, but try to get Resident #1 a sip of tea. Within 2-3 minutes as the gurgling persisted, Staff A entered the assisted dining room and Staff C and Staff D (CNA) took Resident #1 to his/her room. The suction machine in the room was not set up for immediate use. Staff C had to leave the room to obtain a canister and returned to the room to find there was no tubing. Staff C went back to the supply room and obtained tubing. While setting up the canister and tubing, Resident #1 took two deep breathes and then stopped breathing. FM 1 left the room and got Staff G (ADON). Staff G entered the room and checked for a heartbeat and found none.</p> <p>On 8/2/12 at 2:40 p.m. Staff D (Certified Nurse Aide, CNA) stated on 6/22/12 at around 8:15 a.m. she was in the assisted dining room assisting residents with eating when Resident #1 was propelled into the assisted dining room by Staff B (CNA). Staff D stated she heard Resident #1 choking before he/she ever got into the assisted dining room. Resident #1 sounded like he/she was drowning. Staff D immediately questioned what was happening and Staff B indicated Resident #1 was pocketing. Staff D stated that was not pocketing and stated she would find someone to help. Staff C (RN) who was also in the assisted dining room stated she would help or Staff A (LPN) could help. At that time Staff A entered the assisted dining room. Staff D instructed Staff A to remain in the assisted dining room and Staff C and Staff D took Resident #1 to his/her room to be suctioned. Staff D stated Resident #1 was already turning gray as they left the assisted dining room. FM 1 met Staff C and Staff D in the main lobby and followed them into the Resident #1's room. As they prepared to suction the staff discovered not all the needed items were in the room. Staff C and Staff D left the room to get the needed supplies as FM 1 remained with Resident #1. Upon returning, Resident #1 was turning even grayer</p>			

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	<p>and Resident #1 was stating, "I'm sick, I'm sick, I'm sick". Staff C continued to work on the suction machine then proceeded to suction him/her, but it was too late. By this time Staff G (ADON), FM 1 and FM 2 were all in the room and Staff D left. Staff D indicated it was probably 5-7 minutes from the time she heard Resident #1 drowning to when he/she passed away.</p> <p>On 8/7/12 at 11:20 a.m. Staff E (Certified Nurse Aide, CNA) was interviewed and stated on the morning of 6/22/12, she was in the assisted dining room assisting with feeding residents when Staff B (CNA) brought Resident #1 into the assisted dining room. Resident #1 sounded like he/she was underwater when she talked. Staff D (CNA) asked Staff B if Staff A (LPN) had suctioned Resident #1. Staff B stated Staff A said she tried suctioning but she felt Resident #1 was pocketing saliva/mucous. Staff C (RN) instructed Staff B to try and give Resident #1 a drink of tea to get the food down, if he/she was pocketing. Staff E stated that Resident #1 did not drink anything. Staff E stated Staff C and Staff D had to wait until Staff A arrived to the assisted dining room before they could take Resident #1 back to his/her room to try to suction him/her. Within 3 minutes, Staff A walked into the assisted dining room and Staff C and Staff D took Resident #1 back to his/her room. Staff E stated after Resident #1 was taken back to his/her room, she asked Staff A if she had suctioned Resident #1 and Staff A stated she had tried, but Resident #1 was just pocketing the mucous.</p> <p>On 8/8/12 at 3:30 p.m. Staff F (Social Services/Licensed Practical Nurse) stated she was working in Hall 2 performing care duties on the morning of 6/22/12. FM 1 approached Staff F and asked who the nurse was for Hall 3. Staff F stated it was Staff A. FM 1 asked if she could get into the supply room for swabs because she thought Resident #1 needed suctioned. FM 1 was given</p>			

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	<p>the supply room keys, obtained the swabs and returned the keys within one minute, then took off to find Staff A. Staff F continued working. Several minutes later Staff F was standing in the dining room when Resident #1 was propelled by Staff C (RN) towards his/her room. Resident #1 was gurgling and Staff F asked if Staff C needed any help. Staff C indicated they were taking Resident #1 back to his/her room to suction him/her. Staff F continued to help residents from the dining room and approximately 5 minutes later was at the front of Hall 3 when Staff C yell get Staff G. Staff F stated, "I'm right here, can I help". Staff F entered Resident #1's room and walked to Resident #1 who was in his/her geriatric chair facing the window. Staff C was working with the suctioning machine. Resident #1 was blue around his/her mouth and Staff F asked if he/she was okay. Resident #1 did not answer, so Staff F did a sternal rub and got no pain response. Staff F felt for a pulse and asked if someone could get her a stethoscope. An aide returned with a stethoscope and upon listening Resident #1 was without a heartbeat. At this same time Staff G (ADON) walked in and took the stethoscope and checked for a heartbeat as well. Resident #1 was without a heartbeat.</p> <p>On 8/6/12 at 1:35 p.m. Staff G (Assistant Director of Nursing, ADON) was interviewed and stated she arrived to work at 8:15 a.m. on 6/22/12 and before she could even sit down, FM 1 approached her and said Resident #1 was in need of suctioning. Staff G accompanied FM 1 and walked to Resident #1's room. Upon entering, Resident #1 was in his/her geriatric chair with his/her back facing the door. Staff C, D and F were in the room. Staff G looked at Resident #1 as he/she took two deep breathes. Staff C opened a suction tubing package and Staff F was listening to Resident #1's chest. Staff F handed Staff G the stethoscope and Staff G listened for an apical pulse for about one minute. Staff C began</p>			

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	<p>suctioning Resident #1's mouth and got a scant amount of cloudy white fluid. Staff G felt for a carotid pulse for about one minute with no heartbeat or respirations detected. Staff G looked up at FM 1 and stated, "He's/She's gone". Staff D stated she had clocked in that morning at 8:15 a.m. and believed Resident #1 was pronounced dead by her at approximately 8:20 a.m.</p> <p>The time card for Staff G confirmed Staff G clocked in for work at 8:15 a.m. on 6/22/12.</p> <p>On 8/7/12 at 11:10 a.m. Staff H (Certified Nurse Aide, CNA) stated she was working the day shift on 6/22/12 and assigned Hall 2. Staff H stated she worked with Staff A (LPN) getting residents up when FM 1 came down the hall and informed Staff A that Resident #1 needed suctioned. Staff A went with FM 1 and Staff H continued working with residents living on Hall 2.</p> <p>On 8/6/12 at 2:20 p.m. Staff I (Minimum Data Set Coordinator/Licensed practical nurse) stated she was working the morning of 6/22/12 when Staff D approached her asking where she could find suction tubing, noting the one they are using isn't working. Staff I instructed Staff D to go to the storage room to get it. Staff I then walked to Resident #1's room to ask specifically what was needed. Staff G and Staff C was in the room and Staff C was attempting to suction Resident #1. Staff D came into the room with the equipment needed and Staff I left the room.</p> <p>On 8/8/12 at 10:00 a.m. Staff J (Licensed Practical Nurse, LPN) was interviewed and stated she was working the morning of 6/22/12 on Halls 1 and 4. Staff J stated she had no physical contact with Resident #1 that day or of having any knowledge of Resident #1 being in distress until Staff G (ADON) arrived.</p>			

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	<p>On 8/7/12 at 10:55 a.m. Staff K (Administrator) was interviewed and stated she arrived to the facility around 7:00 a.m. on 6/22/12 and was monitoring staff getting residents up for breakfast. At around 7:15 a.m. Staff K saw Resident #1 resting in bed and without any indication of being in distress. At around 8:15 a.m. Staff K was outside when Staff G (ADON) arrived. Staff K spoke to Staff G briefly before Staff G entered the facility. Moments later Staff K went into the facility and was sitting at the nurse's station when Staff D (CNA) told Staff K she needed to go to Resident #1's room. Staff K responded immediately (8:18 a.m.) Upon entering the room Staff K witnessed Staff C attempting to suction Resident #1 and Staff G pronouncing Resident #1's death.</p> <p>In an interview 8/6/12 at 6:55 p.m. Staff L (Licensed Practical Nurse, LPN) was interviewed and stated at times Resident #1 would not completely swallow foods or medication and he/she would require suctioning. Resident #1 would also have oral secretions and would sound gurgled. Suctioning was effective at clearing Resident #1's airways during these times.</p> <p>FACILITY RESPONSE:</p>			

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